2323 11/09/2009 4 08 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008 Open to Public Inspection

| $\overline{\underline{A}}$ | For the 20 | 08 calendar year, or tax year beginning , and ending | | | | |
|-----------------------------|------------------|--|----------------|--------------------|-------------------------|------------------------------------|
| B | Check if applica | | | 1 | D Emplo | oyer identification number |
| | Address chang | use IRS Growers Association, | Inc | <u>•</u> | | |
| \Box | Name change | 1 Down Disperse As | | | 14- | 1800663 |
| 二 | Initial return | type. Number and street (or P O box if mail is not delivered to street address) | | Room/suite | | none number |
| 呂 | | See PO Box 415 | | <u> </u> | 518 | 3-537-4487 |
| 닏 | Termination | Instruc- City or town, state or country, and ZIP + 4 | | | G Gross reco | eipts 166,968 |
| ∐. | Amended retur | | 415 | | 4 | |
| Ш | Application per | F Name and address of principal officer | | | 1 '' | a group return for |
| | | Sara L. Healy, President | | | affiliat H(b) Are al | laffiliates 🗂 📙 |
| | | | | | includ | ed? Yes No |
| | | | | . | If "No, | * attach a list (see instructions) |
| _ | Tax-exempt | | · · · · · · | | ł, , <u>,</u> | |
| | Website: | | - 1 | | H(c) Group | exemption number |
| *********** | Type of organi | | | Year of formation | | M State of legal domicile NY |
| | art I | Summary | | | | <u> </u> |
| | 1 Bne | efly describe the organization's mission or most significant activities: | | | | |
| 90 | | | - | • | | |
| nar | | | - | - | | |
| a. Governance | | The state of the s | 41 | | | |
| Ô | ı | eck this box if the organization discontinued its operations or disposed of m | ore thar | 1 25% of its asse | | 10 |
| ್ಷ | L | nber of voting members of the governing body (Part VI, line 1a) | • | | 3 | |
| Ç | t | nber of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 0 |
| Activities | 1 | al number of employees (Part V, line 2a) | | | 5 | |
| ∌¥ | 4 | al number of volunteers (estimate if necessary) | | | 6 | |
| 6 | 1 | al gross unrelated business revenue from Part VIII, line 12, column (C) | • | | 7a | |
| 뉴 | b Net | unrelated business taxable income from Form 990-T, line 34 | • | Prior Ye | 7b | Current Year |
| CARINITIE DEC | e Con | atributions and grants (Part VIII. line 1h) | | | 7,093 | 164,908 |
| ⊃g | _ | ntributions and grants (Part VIII, line 1h) | • | | 127 | |
| 獎 | 9 Prog | gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and (JEVED) er revenue (Part VIII, column (A), lines 5, 60, 8c, 9s, 10c, and 11e) | | - | 437 | 154 |
| 202 202 | 10 Inve | er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | • | | 1,018 | 1,906 |
| K. | | al revenue—add lines 8 through 11 (must equal Part VIII, column M line 12) | | | 8,675 | 166,968 |
| ת מל | | | | | 0,0,5 | 100,500 |
| | 44 0 | ints and similar amounts paid (Part IX, column (A), lines 1-9) | | | | <u> </u> |
| | 14 Ben | nefits paid to or for members (Part IX, column (A), line 4) arres, other compensation, employee benefits (Part IX, column (A) lines 5–10) | | | | |
| es | 15 Sala | anes, other compensation, employee benefits (Paterx, country tay-lines 5–10) | | | | |
| enses | | fessional fundraising fees (Part IX, column (A) line 116 | | | | |
| Exp | 1 | al fundraising expenses (Part IX, column (D), line 25) | • | 12 | 0,994 | 160,707 |
| _ | 1 | er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | • | | 0,994 | 160,707 |
| | 1 | al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 2,319 | 6,261 |
| - 6 | 19 Rev | venue less expenses Subtract line 18 from line 12 | | Beginning | | End of Year |
| ets o | 20 Tota | al assets (Part X, line 16) | | | | 61,473 |
| Net Assets or Fund Balances | 20 Total | al liabilities (Part X, line 26) | | | | 63 |
| Net | 22 Not | assets or fund balances Subtract line 21 from line 20 | •• | | 0 | 61,410 |
| | art II | Signature Block | • | 1 | | <u> </u> |
| | CH L II | Under penalties of perjury, I declare that I have examined this return, including accompanying | schodulo | s and statements | and to the he | et of my knowledge |
| | | and belief it is true, correct, and complete Declaration of preparer (other than officer) is based | d on all in | formation of which | preparer has | any knowledge |
| Sig | 10 | K(X) Cala d. Dela On | | | $\langle \psi \rangle$ | 11/15/09 |
| He | | Signature of officer | | | Date | ' |
| 116 | 16 | SARA L. HOLY, PRISIDENT | | | | |
| | | Type, or print name and title | | _ | | |
| | | | Date | Check | if | Preparer's identifying number |
| Pa | id | Preparers | | colf- | . [| (see instructions) |
| | eparer's | | TT/0 | 9/09 emplo | | P00020593 ▶ 14-1698408 |
| | e Only | Firm's name (or yours 2679 Court Bd Fil 1 | | | EIN_ | P 14-T030400 |
| | , | if self-employed), 2678 South Rd F1 1 | A | | Phone | 045_405 5510 |
| | | address, and ZIP+4 Poughkeepsie, NY 12601-525 | 4 | | ņo ▶ | |
| May | the IRS o | discuss this return with the preparer shown above? (see instructions) | | | | X Yes No |

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| | Dutchess Cou | | | 14-180066 | 3 | Page |
|-----------------|---|-------------------------|---------------------------|--------------------------|-------------------|-------------------|
| | tatement of Progra | | nplishments (see i | nstructions) | | |
| 1 Bnefly descr | nbe the organization's mi | ssion: | | | | |
| | | | | • | | • |
| | | • | • | • | | |
| • | · · · · · · · · · · · · · · · · · · · | • | <u> </u> | | | |
| - | ınızation undertake any s | ignificant program ser | vices during the year wh | ich were not listed on | | □ |
| | m 990 or 990-EZ? | Cabadula O | | • | | Yes X No |
| | scribe these new services inization cease conducting | | changes in how it condu | ucts, any program | | |
| services? | inization cease conducti | ig, or make significant | ondrigge in new it conde | ioto, any program | | Yes X No |
| | scribe these changes on | Schedule O. | | • | | |
| | e exempt purpose achiev | | | | | |
| | (c)(3) and 501(c)(4) orga | | | | unt of grants and | |
| allocations t | o others, the total expens | ses, and revenue, if ar | iy, idi eacii piogram ser | vice reported | | |
| 4a (Code |) (Expenses \$ | 116,269 | including grants of \$ | |) (Revenue \$ | |
| N/A | | · | | | | |
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| • | | | | | | |
| | | •• | | | | |
| 4b (Code. |) (Expenses \$ | | including grants of \$ | |) (Revenue \$ | |
| • | • | | | | | |
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| • | · · | · · | • | · | ··· · | <u> </u> |
| 4c (Code. |) (Expenses \$ | | including grants of \$ | |) (Revenue \$ | |
| • | | | | | | |
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| | • • | | | • • • • • • | | |
| | | | | •• | | |
| 4d Other progra | am services (Describe in | n Schedule O.) | | | | |
| (Expenses | | including grants | |) (Revenue \$ | |) |
| | am service expenses | \$ 116 | ,269 (Must equal | Part IX, Line 25, columr | n (B)) | |
| | | | | | | Form 990 (|

| P | ert IV Checklist of Required Schedules | | | |
|-----|--|-----|-----|-----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | _1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ | | 7.7 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 . | | _ | | 3.5 |
| | Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | _ | | |
| _ | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | - | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | x |
| | Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | 4 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | x |
| _ | complete Schedule D, Part III | _8_ | | _ |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | 9 | | X |
| 40 | complete Schedule D, Part IV | 10 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | -10 | | |
| 11 | · | 11 | x | |
| 40 | Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| 12 | | 12 | | X |
| 40 | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 13 | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | 174 | | |
| Ь | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 170 | | |
| 15 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| 10 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization report more trian \$15,500 on 1 art vin, line sa 1 in 165, complete Schedule H | 20 | | X |
| 21 | Did the organization operate one of more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | | | |
| | 24b–24d and complete Schedule K If "No," go to question 25. | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | The state of the s | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | | |
| _ | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26_ | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | | |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III | 27 | l | X |

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

Form **990** (2008)

36

X

37

VI

| | 990 (2008) Pucchess Councy Sileep & WOOI 14 1000 | | | | | age 5 |
|--------|--|--------------|------------------|----------|----------|--------------|
| | ut ¥ Statements Regarding Other IRS Filings and Tax Compliance | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | ı | | | 162 | NO |
| ıa | U.S Information Returns Enter -0- if not applicable | 1a | | | | |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | ┪ | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | | e | 7 | | |
| • | gaming (gambling) winnings to prize winners? | | - | 1c | 1 | x |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | . | | | | |
| , | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | • • | | | |
| | instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | by by | | | | |
| | this return? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthori | ty | | | |
| | over, a financial account in a foreign country (such as a bank account, secunties account, or other fina | ancial | | | | |
| | account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign E | Bank | | | | |
| | and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | • | 5b | | X |
| C | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | | | |
| | Regarding Prohibited Tax Shelter Transaction? | | | 5c | | v |
| 6a | Did the organization solicit any contributions that were not tax deductible? | • | • | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | ام | | |
| _ | gifts were not tax deductible? | | • | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more to | nan | | 70 | Ī | x |
| | \$75? | | | 7a 7b | | |
| D | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | • | | 10 | <u> </u> | |
| С | required to file Form 8282? | 3 | | 7c | | x |
| А | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 1.0 | | |
| ٠ - | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe | | | 7 | | |
| • | benefit contract? | | | 7e | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | ict? | • • | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | • | •• • • | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C | as | • | | | |
| | required? | | | 7h | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect | ion | | | | |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons | soring | | | | |
| | organization, have excess business holdings at any time during the year? | | | 8 | | X |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | ļ | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | <u></u> | \dashv | | |
| 11 | Section 501(c)(12) organizations. Enter: | , | | | | |
| а | Gross income from members or shareholders | 11a | | \dashv | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | ۱., | | | | |
| 4- | amounts due or received from them.) | 11b | _ | - | 1 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? 12b | | 12a | | |
| D | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | L | 1 | <u></u> |

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | | |
|------------|--|----------------|--------------|-----|------------------|
| | | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the | • | | | |
| | circumstances, processes, or changes in Schedule O. See instructions. | 1 | | | |
| 1a | Enter the number of voting members of the governing body | 10 | | | |
| b | Enter the number of voting members that are independent |) | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | h | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direction | ect | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person | n? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 99 | 90 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 5 | Х | |
| 6 | Does the organization have members or stockholders? | | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more member | ers | | | |
| | of the governing body? | • | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 9 | | | |
| | the year by the following | | | ٠, | |
| а | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | | |
| 9a | Does the organization have local chapters, branches, or affiliates? | • | 9a | | X |
| Ь | If "Yes," does the organization have written policies and procedures governing the activities of such chapt | ers, | 1 . | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization | ations | 1,, | | v |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | 10 | | <u> </u> |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach | ed at | ۱., | | x |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . | | 11 | LI | |
| <u>Sec</u> | tion B. Policies | | | Yes | No. |
| 40- | Describe assessment being a wetten conflict of intercent policy? If "blo " as to line 12 | | 12a | res | X |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | 120 | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | ve | 12b | | |
| _ | rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 1 | 120 | | |
| С | describe in Schedule O how this is done | | 12c | | |
| 42 | Does the organization have a written whistleblower policy? | • | 13 | | X |
| 13 14 | Does the organization have a written document retention and destruction policy? | • | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | |
| 13 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and de | cision. | | 1 | |
| • | The organization's CEO, Executive Director, or top management official? | | 15a | | \mathbf{x}_{-} |
| a b | Other officers or key employees of the organization? | • • | 15b | | X |
| J | Describe the process in Schedule O. (see instructions) | • | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | |
| | with a taxable entity during the year? | | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | • • • • | | | |
| - | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegua | ard | | | |
| | the organization's exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | <u> </u> | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY | - | _ | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501 | (c)(3)s only) | | • | |
| - | available for public inspection. Indicate how you make these available. Check all that apply. | | | | |
| | Own website Another's website Upon request | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | ct of interest | | | |
| | policy, and financial statements available to the public. | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and rec | cords of the | | | |
| | organization: ▶ Sara L. Healy P.O. Box 415 | | | | |
| Re | ed Hook NY | 12571-0415 51 | 3- <u>53</u> | 7-4 | <u>487</u> |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

| | organization did not compe | nsate | e an | | | direc | tor, | 1 | I . | |
|---|----------------------------|--------------------------------|-----------------------|----------|---------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) Average | Posi | tion (| chec | C) k all t | that ap | oply) | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Sara L. Head President | У | | | | | | | 0 | 0 | |
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| | t VII | | | | | | | , | , | d Highest Compensated | | | | |
|-----------------|-----------------------------------|--------------|--|-----------------------------------|-----------------------|--------------|---------------|---------------------------------|-------------------|--|--|--|-----------------|-------|
| | (A) Name and | i title | (B) Average hours per | | _ | checl | | hat ap | | (D) Reportable compensation | (E) Reportable compensation | Estin amou | nated unt of | |
| | • | | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | otr compe from organi and re | the zation | |
| | | | | | ee | | | sated | | | | organi | | |
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| • | | | | | | | | | | | | | | |
| 1 <u>b</u> 2 | Total Total nun | nber of ındı | viduals (including those | e ın 1a) | who | rece | ived | more | ▶ e tha | ın \$100,000 in reportable | compensation from the | | | |
| | organizat | ion ▶ 0 | | | | | | | | | | | Yes | N |
| 3 | employee | on line 1a | ? If "Yes," complete So | chedule | J for | suc | h inc | dividu | ıal | yee, or highest compensa | | 3 | <u> </u> | 7 |
| 1 | For any in the organindividual | nization and | sted on line 1a, is the s I related organizations | um of re greater | port than | able \$15 | com 0,00 | pens 0? If | atioi "Yes | n and other compensation s," complete Schedule J fo | n from or such | 4 | | 3 |
| 5 | Did any p | erson liste | d on line 1a receive or the organization? If "\ | accrue (| com mple | pens | atior chec | n fron Iule J | n any | y unrelated organization for such person | or | 5 | | 3 |
| Sec 1 | tion B. Inc | dependent | Contractors | | | | | | | actors that received more | than \$100,000 of | | | |
| | | | the organization. (A) Name and business address | | | | | | ļ — | | (B) ption of services | | (C) Compensa | atron |
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| Pa | rt V | Statement of Rev | enue | <u> </u> | | · ··· | | | (5) |
|--|-----------|--|-----------|---------------------------------------|-----------------|----------------------|--|--------------------------------|---|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| र छ | 1a | Federated campaigns | 1a | | | | | | |
| Program Service Revenue Contributions, gifts, grants | h | Membership dues | 1b | | | | | | |
| ᅙ | C | Fundraising events | 1c | 1 | 64,908 | | | | |
| まる | ا | - · | 1d | | 101/200 | | | | |
| 뎚 | | Related organizations | | | [| | | | |
| 등등 | e | Government grants (contributions) | <u>1e</u> | | | | | | |
| 喜園 | T | All other contributions, giffs, grants, and similar amounts not included above | | | | | | | |
| 불림 | | | 1f | | | | | | |
| 5 2 | g | Noncash contributions included in lines | a-1f \$ | j | | 164 000 | 1 | | |
| <u> </u> | <u>_h</u> | Total. Add lines 1a-1f | | | , •• | 164,908 | | | |
| <u> </u> | | | | | Busn. Code | | | | |
| e e | 2a | | | | | | | | |
| 8 R | þ | | | | <u> </u> | | | | |
| 울 | С | | | | <u> </u> | | | | |
| Se | d | • | | | | | . <u>-</u> . | | |
| ᇤ | е | | | | | | | | |
| рб | f | All other program service rev | enue | | | | | | |
| <u>-</u> | g | Total. Add lines 2a-2f | | | | | | | |
| | 3 | Investment income (includin | g divide | ends, intere | est, and | | | | |
| | | other similar amounts) | | | . ▶ L | 154 | | | 154 |
| | 4 | Income from investment of t | ax-exe | mpt bond p | oroceeds ▶ | | | | |
| | 5 | Royalties | | | ▶ | | | | |
| | | (ı) Real | | (II) F | Personal | | | | |
| | 6a | Gross Rents | | | | | | | |
| i | b | Less rental exps | | | - | | | | |
| | c | Rental inc or (loss) | | 1 | | | | | |
| | d | Net rental income or (loss) | | - | | ĺ | | | |
| | | Gross amount from (i) Securi | 168 | 1 60 |) Other | | | | |
| | | sales of assets | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 7 0 0 1 0 1 | | | | |
| | | other than inventory | | + | | | | | |
| | b | Less cost or other | | | | | | | |
| | | basis & sales exps | | | | | | | |
| | С | Gain or (loss) | | | | [| 1 | | |
| | ď | Net gain or (loss) | | | | | | | |
| | 8a | - | vents | | Į. | | | | |
| en L | | (not including \$ | | | | | | | |
| Vel | | of contributions reported on line | ic) | | | | | | |
| Re | | See Part IV, line 18 | | a <u> </u> | | | | | |
| Other Revenu | | Less: direct expenses | _ | · | | | | | |
| ŏ | С | Net income or (loss) from fu | ndraisi | ng events | | | | | |
| | 9a | Gross income from gaming activ | ties. | | | | | | |
| | | See Part IV, line 19 | ; | a | | | | | |
| | b | Less direct expenses | 1 | o | | | | | |
| | С | Net income or (loss) from ga | ming a | ctivities | <u> </u> | | | | |
| | | Gross sales of inventory, les | | | | | | | |
| | | returns and allowances | | a | | | | | |
| | b | Less cost of goods sold | 1 | | | | | | |
| | | Net income or (loss) from sa | les of | nventory | • | [| | | • |
| | ┈ | Miscellaneous Rever | | | Busn. Code | | | | |
| | 11a | | | | | 1,310 | İ | | 1,310 |
| | b | Auctions | | | | 596 | | | 596 |
| | | , Auctions | • | ••• | | | | | |
| | <u> </u> | All other sources | | • | | | | | |
| | d | All other revenue . | | | I | 1,906 | | | |
| | e | Total. Add lines 11a-11d | | | · • | 1,300 | | | |
| | 12 | Total Revenue. Add lines 1 | ı, 2g, 3 | o, 4, 3, 60, | | 166,968 | o | o | 2,060 |
| | I | 9c, 10c, and 11e | | | ▶ | 100,908 | | | 2,080 |

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------|--|-----------------------|------------------------|-----------------------|--|
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | | - | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| _ | and section 403(b) employer contributions) | | | | · · · · · · · · · · · · · · · · · · · |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | · · · · · · · · · · · · · · · · · · · |
| 11 | Fees for services (non-employees): Management | | | | |
| a b | Legal | ,- ,- | | | |
| C | Accounting | | | | |
| d | Lobbying | - | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 118,508 | 116,269 | 2,239 | |
| 12 | Advertising and promotion | 630 | | 630 | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 41,569 | | 41,569 | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | , |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest . | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | . |
| 23 | Insurance _ | | | | ······································ |
| | Other comments therefore are | | | | |
| 24 | Other expenses. Itemize expenses not | | | | |
| | covered above (Expenses grouped together and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below.) | | | | |
| • | 0.70 of total expenses shown off fine 25 below.) | <u></u> | | | |
| a b | | " | | | |
| c | | - | | | |
| d | | | | | |
| e | • | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 160,707 | 116,269 | 44,438 | |
| 26 | Joint Costs. Check here ▶ if following | | | | |
| | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation | 1 | L | | - 000 (2000) |

| 1 Cash—non-interest bearing | | art A | Balance Sneet | | T T | | | |
|---|-----------|--------------|--|-----------------------|--|--------------------------|---|-------------|
| 1 5,800 | | | | (A) Beginning of year | | (B) End of y | ear | |
| 2 30,496 | | 1 | Cash—non-interest hearing | | 1 | | | 00 |
| 3 19-6/gos and grants receivable, not 4 19,500 5 Receivables from current and former officers, directors, finistees, key 5 6 19,500 6 Receivables from current and former officers, directors, finistees, key 5 6 6 6 Receivables from other desqualified persons (as defined under section 4986(f)(1)) and persons described in section 4958(c)(3)(8) Complete 7 7 7 7 7 7 7 7 7 | | | • | - | | | | |
| A Accounts receivable. net Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4985(R)) and persons described in section 4989(x)(3)(8). Complete Part II of Schedule L Threat of the section of the disqualified persons (as defined under section 4985(R)) and persons described in section 4989(x)(3)(8). Complete Part II of Schedule L Threat of the section of the section of 4989(x)(3)(8). Complete Part II of Schedule D Threat of Schedule Schedule D Threat of Schedule Schedule D Threat of Schedule Sche | | | · | | | | - / - | |
| Secretary in the secretary of the secretary in the secret | | 1 | | | 1 | 1 | 9.5 | 00 |
| employees, or other related parties. Complete Part I of Schedule L 6 Receivables from other desqualified persons (as defined under section 4958(Y,11) and persons described in section 4958(X,3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepart Queen depresses and deferred charges 10 Inventories for sale or use 10 Inventories for sale or use 11 Inventories for sale or use 12 Investments—other of the part V of Schedule D 12 Investments—other part V in the 11 Inventories—other visited as Schedule D 13 Investments—other part V in the 11 Investments—bubble V traded secunities 12 Investments—other part V in the 11 Investments—bubble V traded secunities 13 Investments—other part V in the 11 Investments—bubble V traded secunities 14 Intangible assets 15 Other assets See Part IV, line 11 Intangible assets 16 Other assets See Part IV, line 11 Intangible assets 17 Total assets. Sed fail intended to the secunities of the Intended to Intangible assets 18 Grants payable and accrued expenses 19 Take Accounts payable and accrued expenses 19 Total assets. See Part IV, line 11 Intangible assets 19 Grants payable and accrued expenses 10 Intended to Intended Int | | * | • | | + | | | |
| 6 Receivables from other disqualified persons (as defined under section 4568(N(1)) and persons described in section 4958(N(3)(B) Complete Part it of Schedule Part it of Sc | | " | | i | 5 | | | |
| 4958(f(11)) and persons described in section 4958(c)(3)(B) Complete 6 | | | · | | - | | | |
| Part I of Schedule | | ٥ | | | | | | |
| 7 Notes and loans receivable, net | | | | • | اءا | | | |
| Inventiones for sale or use | | l _ | • | | | | | |
| 10a | ets | l _ | | | + + - | | 5 4 | 78 |
| 10a | SS | | | | 1 | | <u>J, </u> | 70 |
| b Less: accumulated depreciation. Complete Part Vi of Schedule D 11 Investments—publicly traded secunities 12 Investments—other secunities. See Part IV. line 11 13 Investments—other secunities. See Part IV. line 11 14 Intangible assets 15 Other assets See Part IV. line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deterred revenue 20 Tax-exempt bond liabilities 21 Escrow account liabilities 22 Payables to current and former officers, directors, fusitees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Escrow account liabilities. Add not so payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part IV of Schedule D 26 Total liabilities. Add motes payable to unrelated third parties 26 Total liabilities. Add intellibilities. Add liabilities. A | 4 | | | | 19 | | | |
| Part VI of Schedule D | | 10a | | | | | | |
| 11 Investments—publicly traded secunities 11 12 13 14 15 14 15 15 15 199 16 16 16 17 17 18 17 18 18 18 18 | | b | · · · · · · · · · · · · · · · · · · · | | 1 | | | |
| 12 Investments—other secundes. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 199 16 16 17 17 17 18 18 199 17 18 199 18 199 | | | <u></u> | | + | | | |
| 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 199 15 Other assets See Part IV, line 11 16 199 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 17 Accounts payable and accrued expenses 17 18 Grains payable 18 18 18 19 19 19 19 19 | | 11 | Investments—publicly traded secunties . | | | | | |
| Intangible assets 14 | | 12 | Investments—other securities. See Part IV, line 11 | | | | | |
| 15 Other assets See Part IV. line 11 16 Total assets, Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Total assets, Add lines 1 through 15 (must equal line 34) 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond labilities 20 Lescrow account lability. Complete Part IV of Schedule D 21 Escrow account lability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, inghest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Gas 27 Total liabilities. Add lines 17 through 25 28 Temporanly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust pncopal, or current funds 31 Paid-in or capital suplus, or land, building, or equipment fund 31 Paid-in or capital suplus, or land, building, or equipment fund 31 Paid-in or capital stock or trust pncopal, or current funds 31 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OME Circular A-133? 36 | | 13 | Investments—program-related. See Part IV, line 11 | | + | | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Corganizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporantly restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ D and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Pert XI Financial Statements and Reporting 1 Accounting method used to prepare the Form 990: XI Cash | | 14 | Intangible assets | | 14 | | | |
| 17 Accounts payable and accrued expenses | | 15 | Other assets See Part IV, line 11 | | 15 | | | |
| 18 Grants payable 18 19 Deferred revenue 20 20 21 20 21 22 29 25 25 27 27 27 28 28 29 29 29 29 29 29 | | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | 6 | <u>1,4</u> | <u>.73</u> |
| 19 Deferred revenue 20 Tax-exempt bond labilities 21 Escrow account liability. Complete Part IV of Schedule D 21 Escrow account liabilities 21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 20 Permanently | | 17 | Accounts payable and accrued expenses | | 17 | | | |
| 20 Tax-exempt bond liabilities 21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, frustes, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Tomporanly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 33 Total ret assets or fund balances 34 Total liabilities and net assets/fund balances 35 Tinancial Statements and Reporting 36 Accounting method used to prepare the Form 990: \$\frac{1}{2}\$ Cash Accrual Other 20 Were the organization's financial statements compiled or reviewed by an independent accountant? 35 Were the organization's financial statements compiled or reviewed by an independent accountant? 36 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the single Audit Act and OMB Circular A-133? 36 If Yes," did the organization undergo the required audit or audits? 37 Total the audit, review, or compilation of its financial statements and selection of an independent accountant? 38 As a result of a federal award, was the organization required to | | 18 | Grants payable | | 18 | | | |
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SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Dutchess County Sheep & Wool Growers Association, Inc.

The organization is not a private foundation because it is (Please check only one organization.)

Employer identification number 14–1800663

| 1 | | A church, cor | envention of churches, or ass | ociation of churches described i | ın section | 170(b)(1 |)(A)(i). | | | | | | |
|-----|----------|-----------------|--------------------------------------|-------------------------------------|------------|-----------------|--|-------------|--------------|------------|----------------|---------|----|
| 2 | \sqcup | A school des | cnbed in section 170(b)(1)(/ | A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | | A hospital or | a cooperative hospital service | ce organization described in sec | ction 170(| (b)(1)(A)(i | iii). (Atta | ch Sche | edule H | .) | | | |
| 4 | | A medical res | search organization operated | d in conjunction with a hospital o | described | ın sectio | n 170(b) |)(1)(A)(i | ii). Ente | r the ho | ospital's name | , | |
| | | city, and state | e: | | | | | | | | | | |
| 5 | | An organizati | on operated for the benefit of | of a college or university owned | or operate | ed by a go | overnme | ental uni | t descn | bed ın | | | |
| | | | b)(1)(A)(iv). (Complete Part | | | | | | | | | | |
| 6 | | - | | overnmental unit described in s | ection 17 | 0(b)(1)(A |)(v). | | | | | | |
| 7 | П | | | substantial part of its support fro | | | | from the | genera | ıl public | : | | |
| | _ | * | section 170(b)(1)(A)(vi). (Co | | J | | | | • | • | | | |
| 8 | | | | 70(b)(1)(A)(vi). (Complete Part | 11.) | | | | | | | | |
| 9 | П | | | I) more than 33 1/3 % of its sup | | contributi | ions, me | mbersh | ıp fees, | and gre | oss | | |
| _ | ш | - | | pt functions—subject to certain | | | | | | | | | |
| | | • | | nd unrelated business taxable in | | | | | | | | | |
| | | | = | 0, 1975. See section 509(a)(2). | | | | • | | | | | |
| 10 | П | • | - | exclusively to test for public safe | | | | (see ins | struction | ns) | | | |
| 11 | Н | | | exclusively for the benefit of, to | | | | | | | | | |
| | Ш | | | ed organizations described in se | | | | | | | 1 | | |
| | | | | he type of supporting organizati | | | | | | | | | |
| | | a Type | | c Type III–Functiona | | | d | | e III–Ot | her | | | |
| _ | П | | · | anization is not controlled direct | | | one or m | ore disc | ualified | | | | |
| Ū | ш | | | and other than one or more put | | | | | | | า | | |
| | | | section 509(a)(2) | • | , | _ | | | | | | | |
| f | | , ,, , | | rmination from the IRS that it is | a Type I. | Type II, | or Type | III suppo | orting | | | | |
| • | | | check this box | | , , | 7. | . ,, | | | | | | П |
| g | | • | | tion accepted any gift or contrib | ution from | any of th | ne . | | • | | • | | _ |
| 9 | | following per | _ | , , | | • | | | | | | | |
| | | . | | ontrols, either alone or together | with perso | ons descr | nbed in (| n) | | | | Yes | No |
| | | | | f the supported organization? | • | | • | | | | 11g(i) | | |
| | | ` , | member of a person describ | · · · · · | • | • | | | | | 11g(iı) | | |
| | | • • • | • | described in (i) or (ii) above? | • | • | • | | | • | 11g(iii | | |
| h | | • • | * | he organizations the organization | on suppor | ts | | | | | | | |
| | Non | e of supported | (ii) EIN | (iii) Type of organization | 1 | organization | (v) Did v | ou notify | (vi) | Is the | (vii) Am | ount of | |
| (1) | | janization | (11) 2.114 | (described on lines 1–9 | 1 | sted in your | | nization in | organizat | | supp | | |
| | | | | above or IRC section | governing | document? | | of your | | zed in the | | | |
| | | | | (see instructions)) | Yes | No | Yes | port? No | Yes | S? | ł | | |
| | | | | | 162 | 10 - | 162 | 110 | 163 | 110 | | | |
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Total

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

| _ | | | | |
|---|---|---|---|----|
| P | а | a | ρ | -3 |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

| Sec | tion A. Public Support | | | | | | |
|------------|--|----------------|----------------------|-------------------------|---------------------|--------------|-------------|
| Ca | endar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 . | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | . . | | | | | · |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| С | Add lines 7a and 7b | | | | <u> </u> | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | 1 | | | <u> </u> | |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | <u> </u> | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | ļ | | |
| | and 12) | | | <u> </u> | <u> </u> | | |
| 14 | First five years. If the Form 990 is for the | _ | t, second, third, fo | urth, or fifth tax ye | ear as a section 50 | 1(c)(3) | ▶ [|
| | organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Su | | | (0) | | 14-1 | |
| 15 | Public support percentage for 2008 (line 8 | | | nn (t)) | | . 15 | % |
| 16 | Public support percentage from 2007 Schottion D. Computation of Investme | | | | · | 16 | % |
| | | | | 3 column (ft) | | 17 | |
| 17 | Investment income percentage for 2008 (li Investment income percentage from 2007 | | | 5, Widilli (I)) . | | 17 | |
| 18 19a | 33 1/3 % support tests—2008. If the orga | | | e 14. and line 15 i | s more than 33 1/3 | | |
| 134 | 17 is not more than 33 1/3 %, check this b | | | | | | ▶ [|
| b | 33 1/3 % support tests—2007. If the orga | • | - | | | | _ |
| - | line 18 is not more than 33 1/3 %, check the | | | | | | ▶ [|
| 20 | Private foundation. If the organization did | | | | | | ▶ L |

| Schedule A (Fo | rm.990 or 9 | 90-EZ) 2008 | Dutches | s County | Sheep 8 | Wool | 14-1800663 | Page 4 |
|----------------|---------------|-------------|--------------|----------------|----------------|----------|---|--------|
| Part IV | Supplem | nental Info | ormation. Co | mplete this pa | art to provide | the expl | anation required by Part II, line 10; ional information. (see instructions) | |
| | 7 417 117 111 | | 1,0,0,1,0,1 | , | <u> </u> | | <u> </u> | |
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SCHEDULE D. (Form 990)

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that
answered "Yes." to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

OMB No 1545-0047 2008

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Dutchess County Sheep & Wool Growers Association, Inc. 14-1800663 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part 1 the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| | | County Sneep | | | 00663 | | | Page 2 |
|-------|---|-------------------------------|--|------------------------|--------------|------------|-------------|--|
| Pa | ut III Organizations Maintaining | | | | | Assets | (contin | ued) |
| 3 | Using the organization's accession and other items (check all that apply) | records, check any of the | following that are a | significant use of its | collection | | | |
| а | Public exhibition | d ☐ Loan o | r exchange progran | ns | | | | |
| b | Scholarly research | e Other | 0 , 0 | | | | | |
| C | Preservation for future generations | _ | | | | _ | | |
| 4 | Provide a description of the organization's co | llections and explain how t | hey further the orga | ınızatıon's exempt ρι | ırpose in | | | |
| 5 | During the year, did the organization solicit o assets to be sold to raise funds rather than to | r receive donations of art, h | nistorical treasures, | or other similar | | П | Yes | □ No |
| Da | art IV Trust, Escrow and Custod | | | | ed "Yes" | | | |
| 1.4 | Part IV, line 9, or reported | | | | 00 100 | | 000, | |
| 4. | Is the organization an agent, trustee, custodi | | | | | | | |
| ıa | _ | an or other intermediary to | Contributions of ou | iei assets not | | | Yes | ☐ No |
| | included on Form 990, Part X? | | | | • | ш | res | L NO |
| þ | If "Yes," explain the arrangement in Part XIV | and complete the following | table. | | | 1 | | |
| | | | | | | | Amoun | <u> </u> |
| C | Beginning balance | | | | <u>1c</u> | | | |
| d | Additions during the year . | | | | <u>1d</u> | _ | | |
| е | Distributions during the year | | | | 1 <u>e</u> | | | |
| f | Ending balance | | | · | 1 <u>f</u> _ | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line 21? | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIV | | • | | | | | |
| | art V Endowment Funds. Comp | lete if organization a | nswered "Yes" 1 | to Form 990, Pa | rt IV, line | e 10. | | |
| | <u> </u> | (a) Current year | (b) Pnor year | (c) Two years back | (d) Three y | | (e) Fou | r years back |
| 1a | Beginning of year balance | | | | | | | |
| | Contributions | | | | | | | |
| | • | | | | | | | ······································ |
| | Investment earnings or losses | | | | | | | |
| | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs . | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | • | | | l | <u> </u> | | | |
| 2 | Provide the estimated percentage of the year | r end balance held as: | | | | | | |
| а | Board designated or quasi-endowment > _ | % | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | |
| С | Term endowment ▶ % | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organization th | at are held and adm | ninistered for the | | | | |
| | organization by: | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) | |
| | (ii) related organizations | • | • | • | | • - | 3a(ii) | |
| h | If "Yes" to 3a(II), are the related organization | s listed as required on Scho | edule R? | | | - | 3b | |
| 4 | Describe in Part XIV the intended uses of the | • | | | • | | | <u> </u> |
| Ps | art VI Investments—Land, Build | | | 0 Part X line 1 | n n | | | |
| 1.6 | Description of investment | (a) Cost or other basis | (b) Cost or oth | | preciation | | (d) Book | value |
| | begonphon of investment | (investment) | basis (other | 1 | p. 00 | | (-, | |
| _ | Lond | (| 1 | | | | | |
| | Land | | | <u> </u> | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | | | - | | - |
| | Equipment | | - | | | _ | | |
| | Other | | | | | | | |
| [ctal | I. Add lines 1a-1e. (Column (d) should equal l | -orm 990 Part X column (| B) line 10(c) \ | | | ▶ I | | |

| Schedule D (Form.990) 2008 Dutchess County Sheep | & Wool | 14-1800663 | Page 3 |
|---|--|---------------------------------------|---------------------------------------|
| Part VII Investments—Other Securities. See Form 996 | 0, Part X, line 12. | | |
| (a) Description of security or category | (b) Book value | (c) Method of v | aluation |
| (including name of security) | | Cost or end-of-year | market value |
| Financial denvatives and other financial products | | | <u> </u> |
| Closely-held equity interests | | | |
| Other • | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) | Dort V. line 42 | <u> </u> | |
| Part VIII Investments—Program Related. See Form 99 | | 1 (2) | |
| (a) Description of investment type | (b) Book value | (c) Method of v | |
| | | Cost or end-of-year | market value |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) | | , <u> </u> | |
| Part X Other Liabilities. See Form 990, Part X, line 2 | 7 | | 7. A |
| (a) Description of liability | (b) Amount | 4 | |
| Federal income taxes | | | |
| Sales Tax | 63 | <u> </u> | |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) | 63 | 3 | |
| In Part XIV, provide the text of the footnote to the organization's financial sta | . | | |
| | romenta mar reporta me o | nganization a liability loi | |
| uncertain tax positions under FIN 48 | | | |

| Sche | dule D (Form.990) 2008 Dutchess County Sheep & Wool 14-180066 | 3 | | P | age 4 |
|--------|--|-------|-------------|-------------|-------|
| Pa | Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | | |
| 4 | Net unrealized gains (losses) on investments | 4 | | | |
| 5 | Donated services and use of facilities | 5 | | | |
| 6 | Investment expenses | 6 | | | |
| 7 | Prior penod adjustments | 7 | | | |
| 8 | Other (Describe in Part XIV) | 8 | | | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | | | |
| Pa | Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | | |
| а | Net unrealized gains on investments 2a | | | | |
| b | Donated services and use of facilities 2b | | | | |
| С | Recovenes of prior year grants | | 1 | | |
| d | Other (Describe in Part XIV) | _ | [| | |
| е | Add lines 2a through 2d | 2e | | | |
| 3 | Subtract line 2e from line 1 | 3 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | İ | | |
| b | Other (Describe in Part XIV) | | ļ | | |
| _ | Add lines 4a and 4b | 4c | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.) | | | | |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses per I | \etai | 11 | | |
| 1 | Total expenses and losses per audited financial statements | - | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities Prior year adjustments 2b | t | | | |
| D | | 1 | | | |
| C | | İ | | | |
| d | Chief (Describe III at AIV) | 2e | | | |
| 9 | Add lines 2a through 2d | 3 | | | |
| J A | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ٣ | | | |
| * | Investment expenses not included on Form 990, Part VIII, line 7b | | ĺ | | |
| | Other (Describe in Part XIV) 4b | 1 | | | |
| | Add lines 4a and 4b | 4c | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | | - | |
| | rt XIV Supplemental Information | | | | |
| | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b | | | | |
| | b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b | | | | |
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| Schedule D (Fe | om-990) | 2008 | Du | ıtcl | hes | ss (| Cou | nty | s S | hee | P | & 1 | Woo |) | | _ | | 14 | -18 | 100 | 663 | 3 | | | | | Ρ | age 5 |
|----------------|---------|-------|--------|--------------|-----|--------|-------|-------|-----|-----|---|-----|-----|----------|---|---|---|----|-----|-----|-----|---|---|---|---|------------|------------|--------------|
| Schedule D (Fo | Supp | lemei | ntal l | nfor | mat | tion (| conti | nued) | | | | | | | | | | | | | | | | | | | | |
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SCHEDULE G. (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Dutchess County Sheep & Wool

Employer identification number

14-1800663 Growers Association, Inc. Fundraising Activities, Complete if the organization answered "Yes" to Form 990, Part IV, line 17, Parf I

| • • | att Tunuluising Additios: Complete i | and organizati | | | 0104 100 101 011 | | |
|-----|---|--|-------------------|--|--|---|---|
| 1 | Indicate whether the organization raised funds through | any of the following | activ | ities. | Check all that apply | | |
| а | Mail solicitations | e 📙 Solicitation | of no | n-gov | ernment grants | | |
| Ь | Email solicitations | f Solicitation | of go | vemn | ent grants | | |
| С | Phone solicitations | g Special fun | draisı | ng ev | ents | | |
| d | In-person solicitations | | | | | | |
| | Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity | in connection with | profe | ssiona | al fundraising services | > | Yes No |
| b | If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization | undraisers) pursua Form 990-EZ filers | int to s are i | agree not re | ments under which the quired to complete this | e fundraiser is stable | |
| | (i) Name of individual or entity (fundraiser) | (ii) Activity | custo | d fund- have ody or rol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
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| То | tal | | | • | | | |
| 3 | List all states in which the organization is registered or registration or licensing | icensed to solicit fi | unds | or has | been notified it is exe | mpt from | |
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| | qu t | | 5,000 on Form 990-EZ, lin | | | | | ortou |
|-----------------|------------|---|--|--|--------------|-----------------------|----------------------------------|-------------|
| | | | (a) Event #1 990PtVIII1c | (b) Event #2 | | (c) Other Events | (d) Total E | |
| | | | (event type) | (event type) | | (total number) | col (c | _ |
| Revenue | 1 | Gross receipts | 164,90 | 8 | | | 16 | 4,908 |
| ٠ | 2 | Less Charitable contributions | 164,90 | 8 | | | 16 | 4,908 |
| | 3 | Gross revenue (line 1 minus line 2) | | | | | | |
| | 4 | Cash prizes | | | | | | |
| enses | 5 | Non-cash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | <u> </u> | | | | |
| Dire | 7 | Other direct expenses | | | | | | |
| | 8 | • | y. Add lines 4 through 7 in columi | | | | · |) |
| | 9 art 1 | Net income summary. Com | ombine lines 3 and 8 in column (plete if the organization a | (d) | m 000 | Part IV line 10 or r | eported more | |
| F | धार । | | on Form 990-EZ, line 6a. | inswered tes to roi | 111 990, 1 | raitiv, line 19, or i | eported more | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bin | | (c) Other gaming | (d) Total gami col (a) throug | |
| Rev | 1 | Gross revenue | <u></u> | | | | | |
| ses | 2 | Cash pnzes | | <u> </u> | | | | |
| Direct Expenses | 3 | Non-cash prizes | - | | | | | |
| Direc | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | Yes % | Yes No | % | Yes % | 6 | |
| | 7 | Direct expense summary | y. Add lines 2 through 5 in column | n (d) | | • | • |) |
| | 8 | Net gaming income sum | mary Combine lines 1 and 7 in o | column (d) | | <u> </u> | · | |
| 9 a | | • • | ne organization operates gaming to operate gaming activities in ea | • | | | 9a | Yes No |
| b | lf " | No," Explain: | | | | | | |
| | • | | | | | | | |
| 10a b | | ere any of the organization Yes," Explain: | 's gaming licenses revoked, sus | pended or terminated dunn | ig the tax y | ear? | . 10a | |
| | | | • | | | | | |
| 11 | Do | es the organization operate | te gaming activities with nonmen | nbers? | • | | 11 | |
| 12 | ls t | - | , beneficiary or trustee of a trust of | • • • | ip or other | | 12 | |
| | | | | | | Schedule G | (Form 990 or 990 |)-EZ) 2008 |

| Sche | edule G (Form 990 or 990-EZ) 2008 Du | <u>tchess</u> | County | Sheep | & Wool | <u> 14-1800</u> | <u>663 </u> | P | age 3 |
|------|---|-----------------|--------------------|---------------|------------------------|-----------------|---|-----|--------------|
| | | | | | • | | | Yes | No |
| 13 | Indicate the percentage of gaming activity ope | erated in: | | | | | | | |
| а | The organization's facility | | | | | 13a | % | | |
| b | An outside facility | | | | • | 13b | % | | |
| 14 | Provide the name and address of the person | who prepares | s the organization | on's gamıng | special events books | | | | |
| | and records· | | | | | | | | |
| | Name ▶ | | | | | | | | |
| | Address . | | | | | | | | |
| 15a | Does the organization have a contract with a | third party fro | om whom the or | ganization r | eceives gaming | | | | |
| | revenue? | | | | | | 15a | | |
| b | If "Yes," enter the amount of gaming revenue | | | ı ► \$ | | and the | | | |
| | amount of gaming revenue retained by the thi | rd party ▶ | \$. | | . • | | | | |
| С | If "Yes," enter name and address | | | | | | | | |
| | Name ▶ . | | | • | | | | | |
| | Address • | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | | |
| | Name ▶ | | | | | | | | |
| | Gaming manager compensation ▶ \$ | | | | | | | | |
| | Description of services provided ▶ | | | | • | | | | |
| | Director/officer Employee | | Independent | t contractor | | | | | |
| 17 | Mandatory distributions | | | | | | | | |
| а | Is the organization required under state law to | make chant | table distributioi | ns from the o | gaming proceeds to | | | | |
| | retain the state gaming license? | | | | | | 17a | | |
| b | Enter the amount of distributions required und | ler state law | distributed to of | ther exempt | organizations or spent | | | | |
| | in the organization's own exempt activities du | nng the tax v | vear ▶ \$ | | | | | | |

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

| ame of the organization Dutchess County Sheep & Wool Growers Association, Inc. | Employer identification number 14–1800663 |
|--|---|
| Form 990, Part VI, Line 5 - Material Diversion of Assets | |
| Prior Treasurer of organization is charged with taking | |
| significant amount of cash. He appears to have also | |
| destroyed all records in his possession. | |
| | |
| The case is currently being investigated by the | |
| New York State Police. | |
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| Form 8868 (Re | ev. 4-2009) | Page 2 |
|-------------------------------------|--|-------------------------------|
| If you are f | iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box | |
| Note. Only cor | nplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886 | 8. |
| If you are t | iling for an Automatic 3-Month Extension, complete only Part I (on page 1). | |
| Part II | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no o | copies needed). |
| Type or | | mployer identification number |
| print . | Dutchess County Sheep & Wool Grower | |
| File by the | Association, Inc. | 4-1800663 |
| extended | Number, street, and room or suite no. If a P.O. box, see instructions | or IRS use only |
| due date for filing the | PO Box 415 | |
| return See | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| instructions | Red Hook NY 12571-0415 | |
| | return to be filed (File a separate application for each return). | |
| X Form 99 | 0 Form 990-PF Form 1041-A | Form 6069 |
| Form 99 | 0-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 | Form 8870 |
| Form 99 | | |
| STOP! Do not | complete Part II if you were not already granted an automatic 3-month extension on a previously filed | Form 8868. |
| The books | are in the care of | |
| Telephone | No ▶ | |
| If the orga | nization does not have an office or place of business in the United States, check this box | ▶ ∐ |
| • If this is fo | a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s |
| for the whole g | roup, check this box If it is for part of the group, check this box and | l attach a |
| list with the na | nes and EINs of all members the extension is for. | |
| 4 I reques | an additional 3-month extension of time until 11/16/09. | |
| 5 For cale | ndar year 2008, or other tax year beginning, and ending | |
| 6 If this ta: | k year is for less than 12 months, check reason: Initial return Final return Change in a | accounting period |
| | detail why you need the extension | |
| Addi | tional time is requested to gather information to pre- | epare a complete |
| and | accurate return. | |
| | | |
| 8a If this ap | plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, | |
| less any | nonrefundable credits See instructions. | 8a \$ |
| b If this ap | plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | |
| estimate | d tax payments made. Include any prior year overpayment allowed as a credit and any | |
| amount | paid previously with Form 8868 | 8b \$ |
| c Balance | Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | |
| | O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 8c \$ |
| | Signature and Verification | |
| Under penalties it is true, correct | of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kr and complete, and that I am authorized to prepare this form | nowledge and belief, |
| Signature | Title. | Date > 8/12/09 |

Form **8868** (Rev 4-2009)